

Request for Wildland Firefighter Medical Examination Record

Fax to the Client Services Administrator at 703-288-5482

I, _____, **SSN#** _____,
print name print Social Security Number

born on _____, request that **Comprehensive Health Services, Inc.**
print date of birth

mail my wildland firefighter exam of:

print date of wildland firefighter exam and location

Employee Name: _____
print name

Street Address: _____
print street address

City: _____ **State:** _____ **Zip Code:** _____
print City print State print zip code

Signed: _____ **Date:** _____
Employee signature print date